

02-15-01

A/REI

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (08-03)
 Approved for use through 12/30/2000. OMB 0651-0033
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

J1046 U.S. PTO
 09/18/2001
 02/13/01

Address to:

Assistant Commissioner for Patents
 Box Reissue
 Washington, DC 20231

Attorney Docket No.	153501-0321
First Named Inventor	Bosley, R. et al.
Original Patent Number	5,873,235
Original Patent Issue Date (Month/Day/Year)	February 23, 1999
Express Mail Label No.	EL 089 007 400 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/ 56)
(Submit an original, and a duplicate for fee processing)
- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52) (unexecuted)
- Original U.S. Patent currently assigned?

☒ Yes ☐ No
(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53) (unexecuted)

☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) (unexecuted) ☒ Power of Attorney (unexecuted)

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other: **Request for Abstract of Title**
.....
.....

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☒ Correspondence address below

Name

IRELL & MANELLA LLP

Address

1800 Avenue of the Stars
Suite 900

City

Los Angeles

State

CA

Zip Code

90067-4276

Country

U.S.A.

Telephone

310-277-1010

Fax

310-203-7199

NAME (Print/Type)

Robert Popa

Registration No. (Attorney/Agent)

43,010

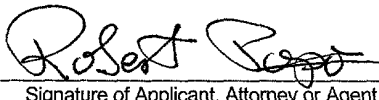
Signature

Date

February 13, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 153501-0321		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 19	**** 0 =	x \$ 0 =		or	x \$ ____ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ 0 =			x \$ ____ =	
Basic Fee (37 CFR 1.16(h))						\$ 355	\$ ____	
Total Filing Fee						\$ 355	OR \$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 19	MINUS	** 20	* = 0	x \$ 0 =	0	x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$ 0 =	0	x \$ ____ =	
Total Additional Fee						0	OR \$ ____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
02/13/01								
Date								
		 Signature of Applicant, Attorney or Agent of Record						
		Robert Popa Typed or printed name						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 153501-0321
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Capstone Turbine Corporation		
Patent Number 5,873,235	Date Patent Issued February 23, 1999	
Title of Invention Liquid Fuel Pressurization and Control Method		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Capstone Turbine Corporation</u> , and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Capstone Turbine Corporation		
Signature	Date	
Typed or printed name and title of person signing for assignee (if assigned) Jeffrey Watts, Chief Financial Officer		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.